

# LEASE ORDER INPUT FORM



The Commonwealth of Massachusetts

Office of the Comptroller

Department/Organization Name (1)

Document ID (2)

Trans LO	Dept (3)	R/Org (4)	Number (5)	LO Date (6)	Acctg Prd (7)	BEY (8)	Action Entry (E) Modify (M) (9)
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Revision Date: 5/15/95

Vendor Code (10)	(11)	Vendor Name	Description (12)
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Lease Type (13)	Comments: (14)	PV Number (15)	PV Start Date (16)	PV End Date (17)	Sched ID (18)
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Document Total	(19)	Imputed Interest Rate (20)	Renewal Indicator (21)
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Ln (22)	Dept (23)	Org (24)	S/Org (25)	Approp (26)	Sub (27)	Obj (28)	S/Obj (29)	Prog (30)	Ty (31)	Proj/CI/Group (32)	Rptg (33)
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(34)	Periodic Payment	Term of agreement From To	(35)	Line Amount (36)	I/D (37)	Out-Yr Obligation Amt (38)	Yrs (39)
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Ln	Dept	Org	S/Org	Approp	Sub	Obj	S/Obj	Prog	Ty	Proj/CI/Group	Rptg
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Periodic Payment	Term of agreement From To	Line Amount	I/D	Out-Yr Obligation Amt	Yrs
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Ln	Dept	Org	S/Org	Approp	Sub	Obj	S/Obj	Prog	Ty	Proj/CI/Group	Rptg
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Periodic Payment	Term of agreement From To	Line Amount	I/D	Out-Yr Obligation Amt	Yrs
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Prepared By: (40) Title: Date:

Entered By: (41) Title: Date: Page Of

The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and special laws and regulations

Approved By: (42) Title: Date: Phone: